ADHS Immunization Data Report: Due by November 15, 2008 Childcare, Preschool, Pre-K and Head Start Form 108

List only children born on or after October 1, 2003 on this form. Do <u>not</u> include enrolled children born before October 1, 2003.

Name of Child Care Center	License Number		Phone			
			Fax			
Mailing Address, City & Zip	County		Director or Contact Person			
Infalling Address, Only & Zip						
	Children born on or after	Official I	Use Only	Children born from October 1, 2003 through	Official	Use Only
	April 1, 2007			March 31, 2007		
1. Attendance						
2. Immunization Records on File						
3. DTaP/DTP/DT 4+ (doses)						
3						
2						
0						
TOTAL (EQUALS ATTENDANCE)						
4. OPV/IPV 3+ (doses)						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
5. MMR 2 (doses)						
1 0						
TOTAL (EQUALS ATTENDANCE)						
6. Hib 4 (doses)						
3						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
7. PCV7 4 (doses)						
2						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
8. Hep A 2 (doses)						
1						
O TOTAL (FOUND CATTENDANCE)						
TOTAL (EQUALS ATTENDANCE) 9. Hep B 3+ (doses)						
3. Tiep B 3. (doses)						
1						
0						
TOTAL (EQUALS ATTENDANCE)						
10. Varicella 1 (dose)						
How many children have history of chicken pox disease?						
How many children have no history of chicken pox disease and no doses of varicella vaccine?						
TOTAL (EQUALS ATTENDANCE)						
11. Religious Exemption						
12. Medical Exemption (please mark "T" for temporary exemptions and "P" for permanent exemptions)			<u>l</u>			
13. Laboratory Evidence of Immunity						